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PTO/SB/01 (10-00)

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<b>DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Attorney Docket Number</td> <td>DEP-5069</td> </tr> <tr> <td>First Named Inventor</td> <td>Tony A. Cutshall</td> </tr> <tr> <td colspan="2" style="text-align: center;"><i>COMPLETE IF KNOWN</i></td> </tr> <tr> <td>Application Number</td> <td></td> </tr> <tr> <td>Filing Date</td> <td></td> </tr> <tr> <td>Group Art Unit</td> <td></td> </tr> <tr> <td>Examiner Name</td> <td></td> </tr> </table>	Attorney Docket Number	DEP-5069	First Named Inventor	Tony A. Cutshall	<i>COMPLETE IF KNOWN</i>		Application Number		Filing Date		Group Art Unit		Examiner Name	
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<input checked="" type="checkbox"/> Declaration Submitted with Initial Filing <input type="checkbox"/> Declaration Submitted after Initial Filing (Surcharge (37 CFR 1.16(e)) required)    OR															
<p><b>As a below named inventor, I hereby declare that:</b></p> <p>My residence, mailing address, and citizenship are as stated below next to my name.          I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:</p>															
Acetabular Instrument and Associated Method <i>(Title of the Invention)</i>															
<p>the specification of which</p> <p><input checked="" type="checkbox"/> is attached hereto</p> <p>OR</p> <p><input type="checkbox"/> was filed on (MM/DD/YYYY) <input type="text"/> as United States Application Number or PCT International Application Number <input type="text"/> and was amended on (MM/DD/YYYY) <input type="text"/></p> <p>I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.</p> <p>I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.</p>															
<p>I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Prior Foreign Application Number(s)</th> <th style="width: 20%;">Country</th> <th style="width: 20%;">Foreign Filing Date (MM/DD/YYYY)</th> <th style="width: 10%;">Priority Not Claimed</th> <th style="width: 30%;">Certified Copy Attached? YES      NO</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td style="text-align: center;"> <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> </td> <td style="text-align: center;"> <input type="checkbox"/>    <input type="checkbox"/>  <input type="checkbox"/>    <input type="checkbox"/>  <input type="checkbox"/>    <input type="checkbox"/>  <input type="checkbox"/>    <input type="checkbox"/> </td> </tr> </tbody> </table>		Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES      NO				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
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<input type="checkbox"/> Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:															

DECLARATION - Utility or Design Patent Application		
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.		
Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:		
Application Serial No.	Filing Date	Status
		Patented Patented Patented
I hereby appoint:  <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Practitioners at Customer Number <span style="border: 1px solid black; padding: 2px 10px;">000027777</span> →             </div> <div style="text-align: right;">               Place Customer                Number Bar Code                Label Here             </div> </div> <p style="text-align: center; margin: 10px 0;"><b>AND</b></p> <div> <input type="checkbox"/> Practitioner(s) named below:  <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span><u>Name</u></span> <span><u>Registration Number</u></span> </div> </div>		
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.		
Address all telephone calls to John Wagley at telephone number (574) 372-7332.		
Direct all correspondence to:      Customer Number <input checked="" type="checkbox"/> or Bar Code Label <span style="border: 1px solid black; padding: 2px 10px;">000027777</span> OR <input type="checkbox"/> Correspondence address below		
Name:		
Address:		
Address:		
City:	State:	ZIP
Country	Telephone:	Fax:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name  
(first and middle [if any]) Tony A.

Family Name  
or Surname Cutshall

Inventor's  
Signature

*Tony A. Cutshall*

Date 30 March, 2004

Residence: City Warsaw

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Country USA

Citizenship USA

Mailing Address 327 E. High Circle

City Warsaw

State IN

ZIP 46580

Country USA

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name  
(first and middle [if any]) Troy D.

Family Name  
or Surname Martin

Inventor's  
Signature

*Troy D. Martin*

Date 03/30/2004

Residence: City Warsaw

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Citizenship USA

Mailing Address 8339 E. 350 N.

City Warsaw

State IN

ZIP 46580

Country USA

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF THIRD INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name  
(first and middle [if any])

Family Name  
or Surname

Inventor's  
Signature

Date

Residence: City

State

Country

Citizenship

Mailing Address

City

State

ZIP

Country